

Community Health Needs Assessment

2016 FINAL SUMMARY REPORT



SUBMITTED BY



COMMUNITY ENGAGEMENT RESEARCH & CONSULTING

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EXECUTIVE SUMMARY

Beginning in June 2016, Bristol Hospital undertook a comprehensive Community Health Needs Assessment (CHNA) to evaluate the health needs of individuals living in the city of Bristol in Hartford County, Connecticut. The aim of the assessment is to reinforce Bristol Hospital's commitment to the health of residents and align its health prevention efforts with the community's greatest needs. The assessment examined a variety of health indicators, focusing on mental health/substance abuse, senior support issues, access to care, and overweight/obesity. Bristol Hospital contracted with Holleran Consulting, a research firm based in Wrightsville, Pennsylvania, to execute this project.

The completion of the CHNA enabled Bristol Hospital to take an in-depth look at its community. The findings from the assessment were utilized by Bristol Hospital to prioritize public health issues and develop a community health implementation plan focused on meeting community needs. Bristol Hospital is committed to the people it serves and the communities where they reside. Healthy communities lead to lower health care costs, robust community partnerships, and an overall enhanced quality of life. This CHNA Final Summary Report serves as a compilation of the overall findings of each research component.

CHNA Components

- Key Informant Surveys
- 2013 Secondary Data Profile

Previous CHNA

Bristol Hospital conducted a comprehensive CHNA in 2013 to evaluate the health needs of individuals living in the city of Bristol. The purpose of the assessment was to gather information about local health needs and health behaviors. The assessment helped Bristol Hospital to identify health issues and develop a community health implementation plan to improve the health of the surrounding community.

Prioritized Health Issues

Based on feedback from community partners, including health care providers, public health experts, health and human service agencies, and other community representatives, Bristol Hospital plans to continue its community health improvement efforts focused on the following health priorities that were originally identified in the 2013 CHNA:

- Mental Health and Substance/Alcohol Abuse
- Senior Support
- Access to Care
- Overweight/Obesity

Major outcomes from the 2013 priority areas included:

- Hosted a roundtable discussion in January 2014 with approximately 30 community leaders and stakeholders to discuss the issue of mental health and substance/alcohol abuse.
- Entered an agreement with the Wheeler Clinic in 2015 in which the Wheeler Clinic assumed responsibility for Bristol Hospital's Emergency Department Crisis Service from 8am to midnight, seven days a week, and provide immediate intervention and facilitation connections to community services and resources.

- Since 2013, Bristol Hospital and the Bristol Hospital Multi-Specialty Group have added 74 new medical staff and added 16 new medical offices throughout the community.
- Increased the amount of free screenings offered throughout the community include the senior center.
- Provided free educational seminar at senior center on topics such as dementia, living with diabetes, and nutrition and wellness.
- Since 2015, approximately 330 low-income families have participated in the Bristol Hospital Parent and Child Center Family Wellness Program's including "Gardening for Health", "Cooking Matters in the Store" and frees Zumba and exercise programs.

A full description of outcomes can be found in Appendix B.

COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

Organization Overview

Founded in 1921, Bristol Hospital is the leading health provider for people who live and work in the Greater Bristol area in Connecticut. Bristol Hospital has 154 licensed beds and offers a complete range of patient services including a first-rate emergency center that cares for more than 40,000 patients each year. The hospital is home to the Bristol Hospital Sleep Center, the Center for Orthopedic and Spine Health, a Bariatric Surgery Program, and the Beekley Center for Breast Health and Wellness. Bristol Hospital also has a state-of-the-art surgical center, single-room model maternity unit, an award winning ICU, a skilled nursing facility, the center for wound care and hyperbaric medicine, the gastroenterology institute, inpatient and outpatient behavioral health services, and an advanced diagnostic imaging department.

Proud of its achievements in service excellence, Bristol Hospital has earned national recognition for its commitment to providing outstanding patient care. The mission of Bristol Hospital is to "Enhance the health and well-being of the community. It will provide safe, quality care and services to its patients through its continuum of services and health promotions. It will collaborate with health professionals and other organizations as advocates for the community. It will provide the opportunity for growth to its medical staff and employees in an environment where each individual is respected and valued." The vision of Bristol Hospital is to be "Recognized as the best community healthcare provider in Connecticut." To achieve this vision, Bristol Hospital utilizes a core set of values which:

- Creates a culture of safety, quality and services that is embraced as an individual and team responsibility
- Ensures a user-friendly continuum modeled on providing patient-centered care and services
- Continually assesses and promotes new services and technology
- Serves as the responsible steward and advocate for the health of our community

Methodology

Based on feedback from community partners, Bristol Hospital plans to continue its community health improvement efforts focused on the following health priorities that were originally identified in the 2013 CHNA:

- Mental Health and Substance/Alcohol Abuse
- Senior Support
- Access to Care
- Overweight/Obesity

Therefore, the CHNA focused on more in depth research surrounding those particular priorities. The CHNA is comprised of both quantitative and qualitative research components. Bristol Hospital has been a pillar in the Greater Bristol community since 1921 and relies on the input and feedback from members of the community. The community stakeholders who took part in the key informant survey are a vital sample of the consumers who utilize the services of Bristol Hospital for themselves, their family and their friends. Their knowledge, experience and opinions of the hospital coupled with their commitment

to the city of Bristol are the reasons they were chosen to take part in the key informant survey. Their input forms the basis for this report. Bristol Hospital continues to reinforce its commitment to the health and well-being of the community with numerous programs and opportunities that address the needs identified in the key informant survey. A brief synopsis of the research components is included below with further details provided throughout the document:

- Key Informant Surveys were conducted with a total of 49 key informants between July 2016 and August 2016. Key informants were defined as community stakeholders with expert knowledge, including public health and health care professionals, social service providers, non-profit leaders, business leaders, faith-based organizations, and other community leaders. Questions were focused around mental health/substance abuse, senior support, access to care, and overweight/obesity.
- Statistical Secondary Data Profile was completed in 2013 and incorporated to provide supporting data for the Key Informant Surveys. The secondary data profile used existing data from local and national sources depicting population and household statistics, education and economic measures, morbidity and mortality rates, incidence rates, and other health statistics for the city of Bristol and were compiled and compared to state and national level data, where applicable.

Research Partner

Bristol Hospital contracted with Holleran, an independent research and consulting firm located in Wrightsville, Pennsylvania, to conduct research in support of the CHNA. Holleran has 23 years of experience in conducting public health research and community health assessments. The firm provided the following assistance:

- Collected, analyzed and interpreted data from key informant interviews; and
- Prepared all reports

Community Representation

Community engagement and feedback were an integral part of the CHNA process. Bristol Hospital sought community input through key informant interviews with community leaders and partners and inclusion of community leaders in the implementation planning process. Public health and health care professionals shared knowledge and expertise about health issues, and leaders and representatives of non-profit and community-based organizations provided insight on the community, including the medically underserved, low income, and minority populations.

Research Limitations

As with all research efforts, there are some limitations related to this study's research methods that should be acknowledged. The secondary data provided in this report is from Bristol Hospital's 2013 Secondary Data Profile and therefore may be dated.

In addition, timeline and other restrictions may have impacted the ability to survey all community stakeholders. Bristol Hospital sought to mitigate limitations by including representatives of diverse and underserved populations throughout the research components.

Prioritization of Needs

Following the completion of the CHNA research, Bristol Hospital prioritized community health issues in collaboration with community leaders and partners, and developed an implementation plan to address prioritized community needs.

COMMUNITY HEALTH NEEDS ASSESSMENT FINDINGS

The following section presents an overview of demographics for the city of Bristol that was compiled from 2010 and 2009 - 2011 U.S. Census data for the 2013 Secondary Data Profile.

I. Socio-Demographic Statistics Overview

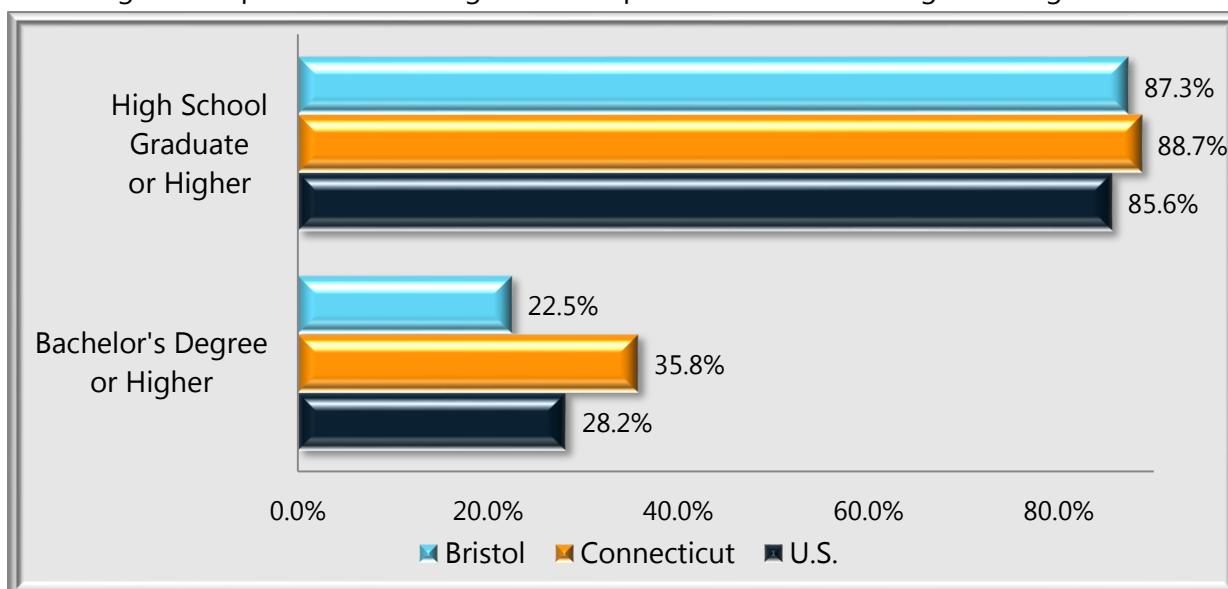
Based on statistics provided in the 2013 Secondary Data Profile, the population of the city of Bristol experienced a much slower population growth (0.7%) between 2000 and 2010 when compared to Connecticut (4.9%) and the United States (9.7%).

According to 2010 U.S. Census data, the city of Bristol has a slightly older population when compared to the nation as evidenced by the median age (40.3 and 37.2 respectively) and the percent of residents aged 65 years and older (14.9% and 13.0% respectively). The median age and the percentage of residents aged 65 years and over are very similar to the state.

The population in the city of Bristol is predominantly white (87.7%), which is much higher when compared to both Connecticut (77.6%) and the nation (72.4%). Additionally, the percentage of people who speak a language other than English at home is lower in the city of Bristol (16.9%) than in both the state (21.2%) and the nation (20.6%). Residents in Bristol who do speak a language other than English at home are most likely to speak other Indo-European languages.

Both household income and education are important social determinants of health. The median income for households and families in the city of Bristol is \$56,155 and \$70,615 respectively. Both the median income for households and families are higher in Bristol when compared to the nation (\$51,484 and \$62,735 respectively) but lower compared to Connecticut (\$67,427 and \$84,558 respectively). Additionally, the city of Bristol has a lower percentage of residents with a bachelor's degree or higher (22.5%) when compared to the state (35.8%) and the nation (28.2%).

Figure 1. Population with a high school diploma or bachelor's degree or higher



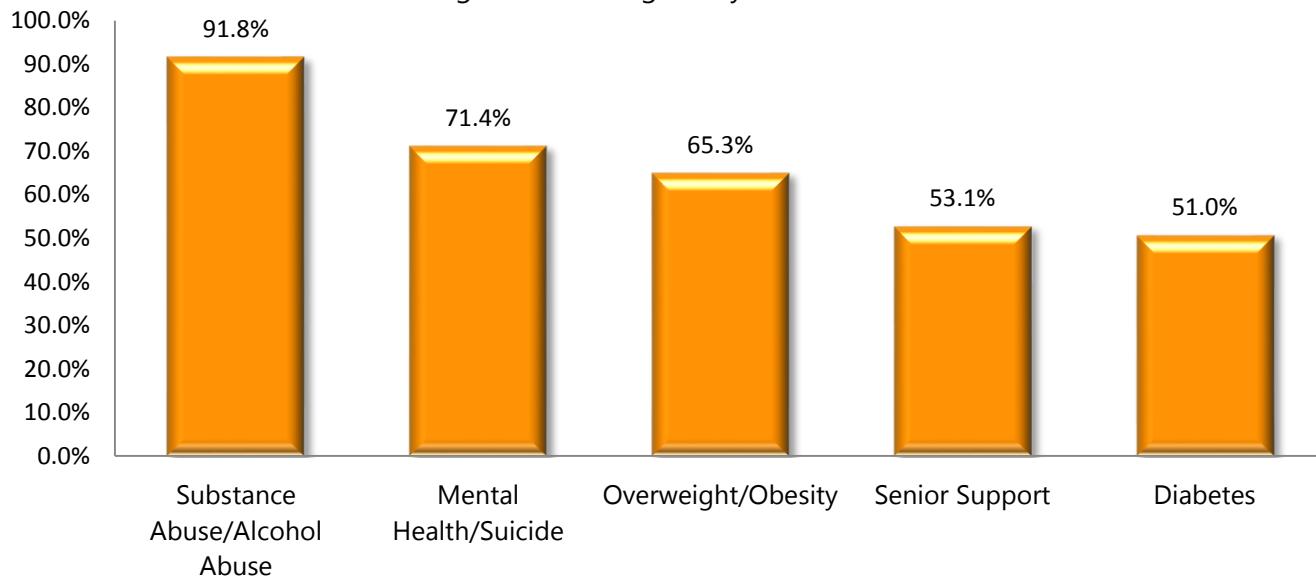
II. Key Informant Findings

A survey was conducted with 49 key informants to gather a combination of quantitative and qualitative feedback through closed and open-ended questions. The survey assessed key informants views on the overall key health issues in Bristol as well as asked questions related to mental health/substance abuse, senior support, access to care, and overweight/obesity. The majority of key informants were affiliated with Health Care/Public Health Organizations. A full list of key informants and their affiliations can be found in Appendix A. The following sections provide an overview of the analysis of the key informant surveys as well as the inclusion of data from the 2013 Secondary Data Profile where applicable.

Key Health Issues

The majority of key informants felt that the priorities identified in the 2013 CHNA are still important health issues in the community today. Substance abuse/alcohol abuse was the number one health issue identified by nearly 92% of key informants. Mental health/suicide, overweight/obesity, senior support, and diabetes rounded out the list of top five health issues in the community. Access to care was selected as the sixth top health issue with approximately 47% of respondents selecting it. Substance abuse/alcohol abuse was also selected as the most significant issue impacting the community.

Figure 2. Ranking of key health issues

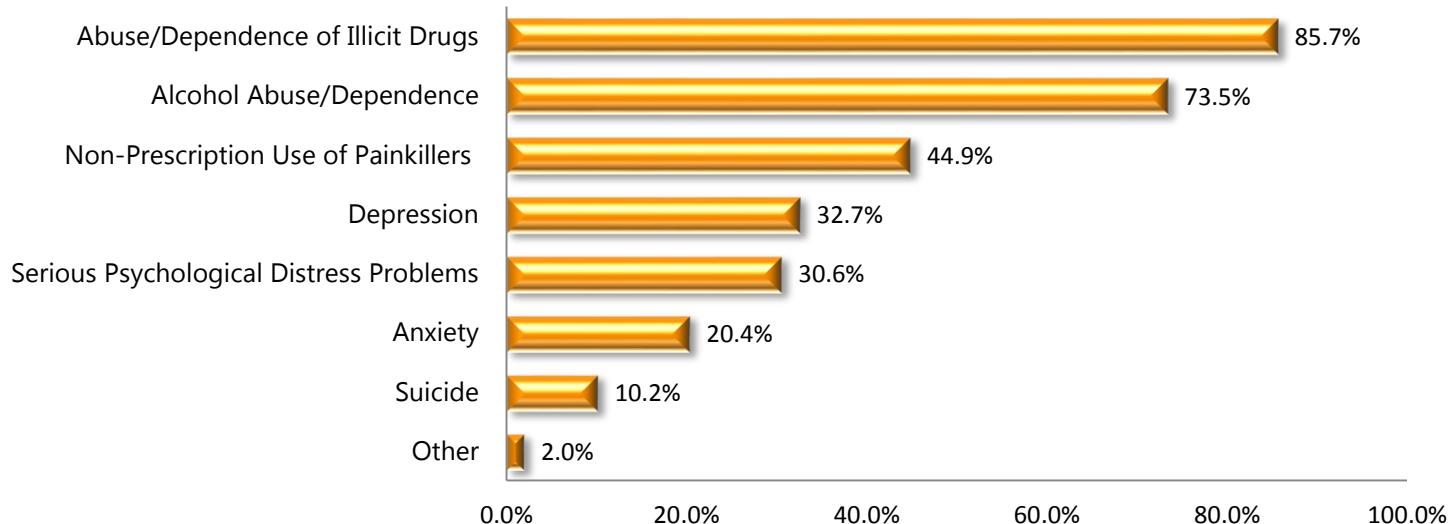


Mental Health/Substance Abuse

As discussed previously, approximately 92% of key informants feel that substance abuse/alcohol abuse is the top health issue in the community and that mental health/suicide is a close second, which was selected by nearly 71% respondents. Additionally, according to data provided by Bristol Hospital for 2011-2013, 4% of the population was seen at the hospital for a behavioral health issue during that timeframe. Of those seen, approximately 2% had co-occurring disorders, indicating that more than half of those patients exhibited both mental health and substance abuse related issues.

When asked more pointedly as to what the top health issues are specifically related to mental health/substance abuse, key informants pointed to abuse of illicit drugs, alcohol abuse, and non-prescription use of painkillers as the top issues impacting their community. This is echoed in the 2011-2013 Bristol Hospital data with both alcohol and opioid dependence falling within the list of top five diagnosed behavioral health disorders. Not surprisingly, mental health related issues, such as anxiety disorders, episodic mood disorders, and depressive disorders, were also in the top five diagnosed behavioral health disorders.

Figure 3. Ranking of mental health/substance abuse issues



In addition to identifying the top mental health/substance abuse issues, key informants also pointed out gaps within the behavioral health delivery system. At the top of the list is the lack of support available for those in the community trying to navigate the mental health system, which was closely followed by insufficient services for low-income populations. Similarly, the cost-related issues of inability to pay out of pocket expenses and insufficient health coverage were the second and third most selected reasons for individuals in the community to not seek treatment. However, despite acknowledgement of barriers related to cost, the majority of key informants felt not being ready remained the top reason for individuals to not seek treatment.

Senior Support

Over half of key informants (53.1%) feel that senior support is one of the top five health issues impacting the community. More specifically, key informants were asked the top health issues that face older adults in the community. Approximately 57% of key informants felt that Alzheimer's Disease/Dementia/Memory Loss was the most pressing issue facing seniors in the community. The other top issues facing older adults in the Bristol community most frequently selected by key informants were Navigating/Access to Health Care and Social Services and Chronic Disease Management.

In addition to identifying the top issues facing seniors in the community, key informants also pinpointed top transition decisions for older adults. Approximately 63% felt that seeking home and community-based services to support aging in place was the top transition decision facing the older adult

population. This was followed closely by providing caregiving services to aging parents and moving to a personal care home, assisted living facility or nursing home. Not surprisingly, based on the transition decisions that were identified by key informants, the top resources/services that were selected as missing in the community are associated with aging in place and caregiving services. Nearly 60% of key informants felt that caregiver support services are lacking in the community. Respite care and home modification/repair services were the next most frequently selected resources/services.

Table 1. Top three transitions decisions and lacking resources/services for older adults

	Transition Decisions	Count	Percent of respondents who selected the issue
1	Seeking Home and Community-Based Services to Support Aging in Place	31	63.3%
2	Providing Caregiving Services to Aging Parents	28	57.1%
3	Moving to a Personal Care Home, Assisted Living Facility or Nursing Home	26	53.1%
	Resources and Services	Count	Percent of respondents who selected the issue
1	Caregiver Support Services	28	58.3%
2	Respite Care (Short-Term Temporary Care to Provide Relief to Caregivers)	18	37.5%
3	Home Modification/Repair Services	15	31.3%

The majority of key informants felt that older adults are not able to easily access health resources and/or information in the community. Specifically, key informants noted older adults' inability to easily access publicly available information and their lack of understanding about the healthcare system as two of the major barriers to access health resources. One key informant expressed the following insight:

“Many people are unsure of how to go about getting medical and other insurance after retirement. There is a need for specialized networks to provide information on various ‘next stage in life’ situations.”

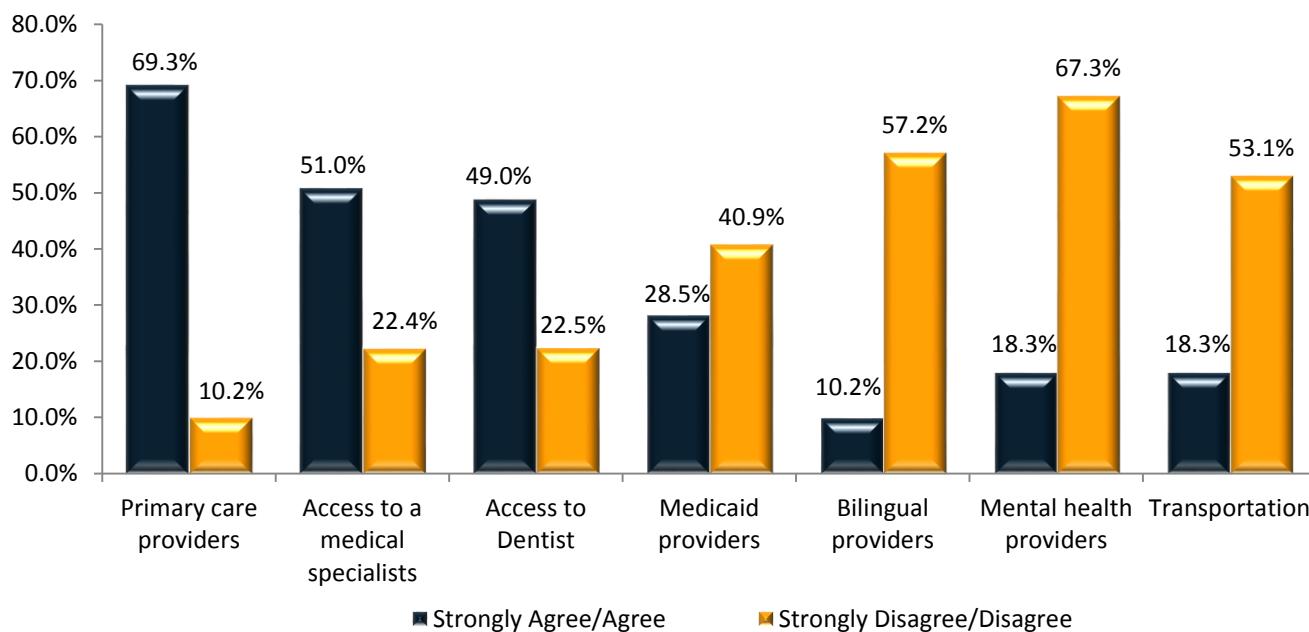
Access to Care

Approximately 47% of key informants selected Access to Care/Uninsured as a key health issue in the community. Although this did not fall within the top five health issues selected by respondents, it still seems to be a prominent problem in the community. Keeping in mind that this data was collected prior to implementation of the Affordable Care Act, 2009-2011 U.S. Census data showed that the city of Bristol had a higher percentage of the population with health insurance (90.2%) when compared to the nation (84.8%) but was slightly lower when compared to the state (91.1%). Based on this data, it was not surprising that key informants didn't select lack of health insurance coverage as a top barrier to healthcare access in the Bristol community. However, lack of transportation, inability to pay out of pocket expenses, and the inability to navigate the health care system did appear as the top three

barriers in the community. Furthermore, nearly half of respondents felt that the inability to pay out of pocket expenses was the most significant healthcare access barrier impacting residents.

The lack of transportation in the community was further echoed when respondents were asked to rate their agreement with several access to care statements on a scale of 1 (strongly disagree) through 5 (strongly agree). Only 18% of key informants believed that transportation for medical appointments was readily available to area residents. In addition to transportation issues, less than a third of respondents also felt there are not a sufficient number of Medicaid providers, bilingual providers, and mental health providers in the community. Conversely, nearly 50% or more felt residents are able to easily access a primary care provider, medical specialist, or dentist.

Figure 4. Ratings of health care access



When key informants were asked to identify resources and services that are missing in the community, substance abuse services, mental health services, and transportation climbed to the top of the list. This is not surprising given the fact that substance abuse and mental health were identified as the top two key health issues facing the Bristol Community as selected by approximately 92% and 71% respectively. Transportation was also frequently identified by respondents as lacking in the community throughout the survey in regard to access to care.

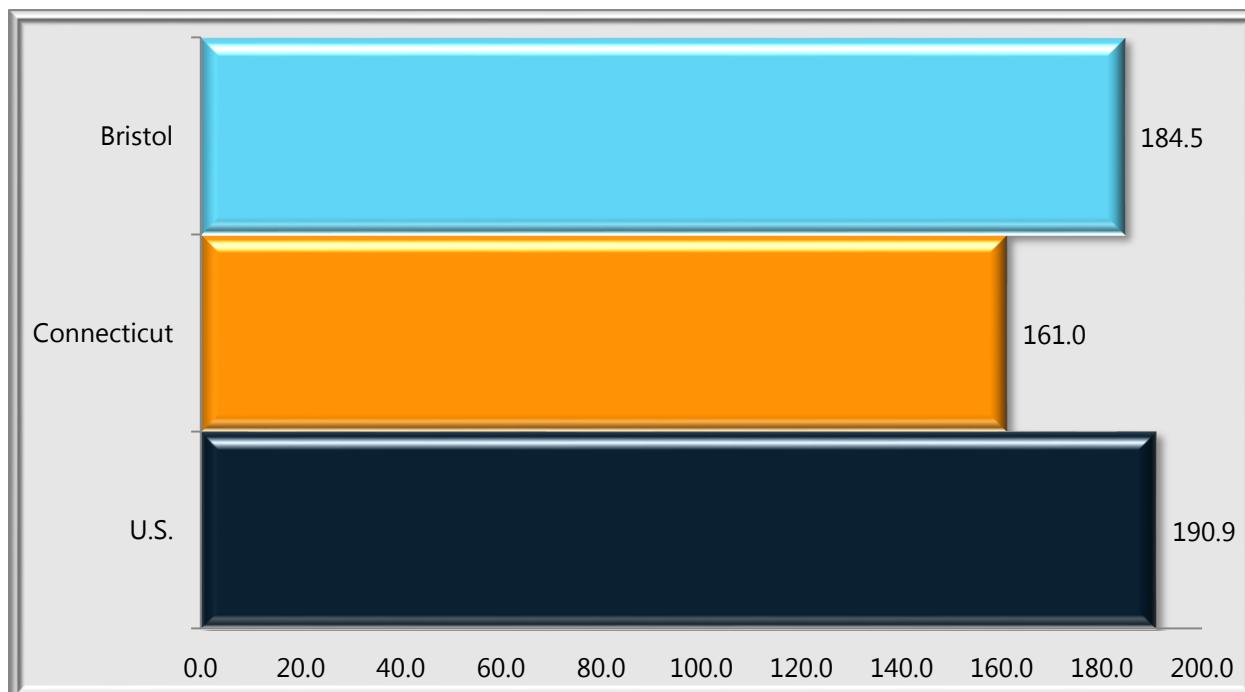
Overweight/Obesity

Overweight/obesity was ranked as the third most pressing health issue in the community with about 65% of respondents selecting it. Additionally, when asked how the Bristol community compares to surrounding towns in regard to obesity, the majority of key informants felt Bristol was doing the same or worse than surrounding communities with each option receiving approximately 39% of responses. Only 2% of key informants actually thought the Bristol community was doing better. One key informant provided insight into Bristol's obesity problems:

“Bristol’s lower income people have greater problems affording healthy foods, preparing healthy foods, and affording health clubs and fitness programs.”

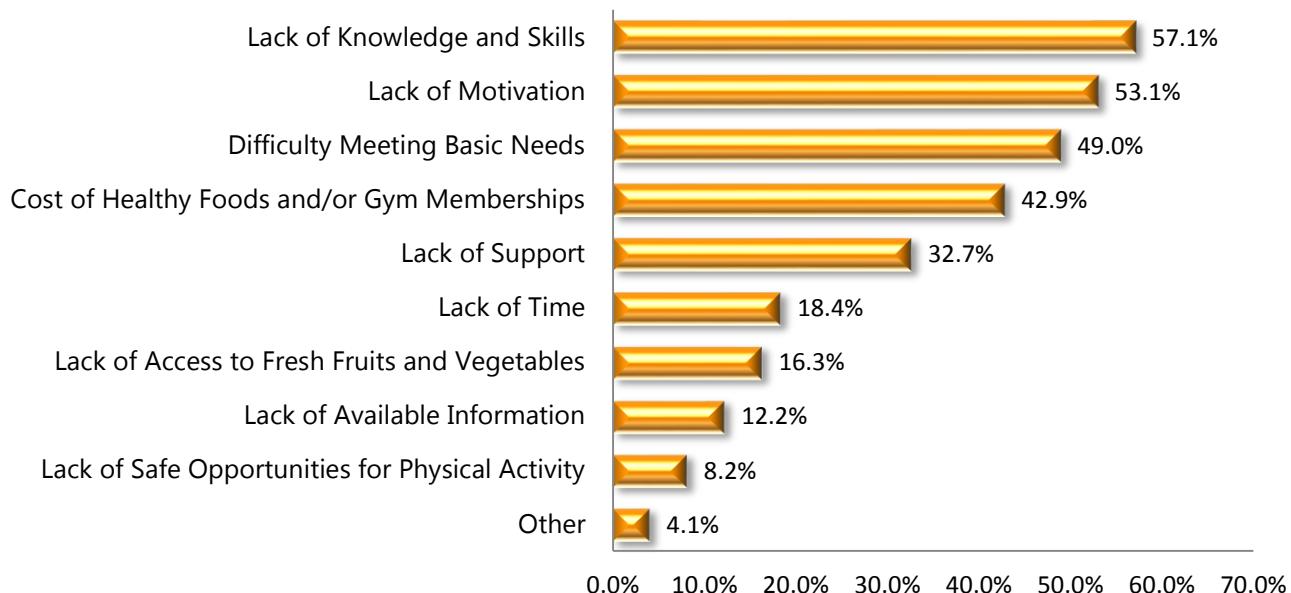
Data from the CDC from 2006-2011 provides some support for the key informants’ opinions about obesity. Diseases of the heart and cancer, both conditions that have obesity as a risk factor, are the first and second leading causes of death in Bristol, which is a similar trend seen in the state and the nation. The age-adjusted death rate per 100,000 for diseases of the heart in Bristol (184.5) is much worse than the state (161.0) although slightly better than the nation (190.9). On the other hand, while the age-adjusted death rate per 100,000 for cancer in Bristol (166.1) falls slightly short of the Healthy People 2020 goal of 160.6, it is similar to the rate in the state (164.4) and better than the rate in the nation (176.7). Although both of these diseases have complex causes, it is well known that obesity is a risk factor for both.

Figure 5. Age-adjusted diseases of the heart death rate per 100,000



With a general consensus among key informants that obesity is a problem in the Bristol community, respondents were asked the barriers residents in the community face in trying to live a healthy lifestyle. The top two barriers, lack of knowledge and skills and lack of motivation, were selected by over half of key informants. These barriers are linked more to an individual’s personal behavior. Consequently, the next two most frequently selected barriers, difficulty meeting basic needs and cost of healthy foods and gym memberships, are linked more to external factors.

Figure 6. Ranking of barriers to achieving healthy lifestyles



With these barriers in mind, key informants identified the most needed resources in the community to support healthy lifestyles. Not surprisingly, nutrition education programs and free/low cost weight management programs were chosen as the most needed community resources to support healthy lifestyles, which were selected by about 84% and 76% of respondents respectively. Similarly, when key informants were asked where community members are most likely to obtain their health information, the majority felt it is obtained through the internet/websites (64.6%). However, social media was selected as another likely source of information by approximately 56% of respondents. This insight is helpful in determining the best mechanisms for getting resource information into the community.

III. Solutions and Recommendations

The process for prioritization consisted of a key informant survey that was distributed to a targeted group of stakeholders who are strongly invested in Bristol Hospital and the residents that it serves. The most recent survey included measuring the ongoing impact that Bristol Hospital has made to address and educate the community on the four priorities identified in 2013.

When asked what is being done well in the community pertaining to mental health/substance abuse, access to care, senior support, and overweight/obesity, key informants had many positive things to say. Most key informants agreed that there are a sufficient number of knowledge providers in the area. Additionally, they felt community organizations were successful in their collaboration as well as coordinating their services. In particular, respondents felt that the Parent and Child Wellness Center, Bristol Cares, the TRIAD group, the Senior Center of Bristol and the Wheeler Clinic were all major assets to the community.

Despite having many assets in the community, key informants felt there was still plenty of room for improvement. Even though coordination and collaboration among community organizations is being done well in Bristol, the majority of key informants wanted to see an expansion of the coordination and collaboration through increased resources and funding for services. Furthermore, for the programming that is already available in the community, better publicity and communication to the public is needed. Additionally, access to these available resources should be improved for Bristol residents.

I. Conclusion

Information from the key informants provided a deeper insight into the challenges the community is facing in regard to mental health/substance abuse, senior support, access to care, and overweight/obesity.

One of the biggest mental health/substance abuse issues facing the Bristol community, according to information from key informants, is abuse of illicit drugs as well as alcohol abuse. Additionally, the majority of key informants felt that the main reason community members do not seek treatment for these issues are because they are not necessarily ready for treatment.

Additional problems surrounding mental health/substance abuse in the Bristol community are often intertwined with access to care issues. Inability to pay out-of-pocket expenses and inability to navigate the healthcare system were mentioned generally as an overall access to care problem in the community and more specifically in regard to the behavioral health system in Bristol. Substance abuse and mental health services were also noted as two of greatest resources that are missing in the community. Another major barrier to access to care is the lack of transportation available to residents, which was frequently cited throughout the survey by key informants.

Seniors in the community appear to face many of the same health challenges that the rest of the community is facing in terms of having difficulties navigating the healthcare system and accessing health information and resources. However, there were also issues that were unique to just that particular age group. According to key informants, Alzheimer's disease is the most pressing health issue facing the older adult population. Additionally, in terms of transition decisions and missing resources in the community, the themes of providing support for aging in place as well as the need for caregiver services came to the surface.

In comparison to surrounding communities, the majority of key informants felt Bristol was the same or worse in regard to obesity. Additionally, while the majority of key informants felt community members lack the knowledge and skills, as well as motivation, to make healthy lifestyle choices, others still felt external factors such as difficulty meeting basic needs and cost of healthy foods and gym memberships also served as barriers to healthy lifestyles. In order to help with some of these barriers, most key informants felt that nutrition education programs and free/low cost weight management classes would be the most helpful community resources.

Key informants solidified that substance abuse, mental health, senior support, and overweight/obesity are still top health issues in the community. Despite not falling within the top five health issues in the community, access to care was still noted as an important problem falling just outside of the top five issues. However, diabetes was also cited as a top health issue facing the community ranking fifth out of all community issues. This is not surprising given that overweight/obesity, which is often a risk factor for diabetes, is such a big concern in the Bristol community. Therefore, previous priorities selected appear to still be community concerns. However, diabetes is another key health issue in the community that may need to be addressed.

IDENTIFICATION OF COMMUNITY HEALTH NEEDS

Prioritization Session

Individuals representing Bristol Hospital, local health and human service agencies, area non-profit organizations, health providers, and public health representatives identified the top four priority areas during the 2013 CHNA prioritization session. After reviewing the 2016 CHNA key findings, Bristol Hospital has decided to continue their focus on the prioritized health needs and bring measurable impact in these areas of need over the next three-year cycle. The priority areas include:

- Mental Health and Substance/Alcohol Abuse
- Access to Care
- Senior Support
- Overweight/Obesity

Appendix A. Key Informant Participants

Name	Agency
James Albert	Bristol Hospital Corporator
Paul Arbesman	N/A
Kurt Barwis	Bristol Hospital
Dr. Nadeem Behjet	N/A
Diane Bernier	Bristol Hospital
Whit Betts	Connecticut House of Representatives
Jarre Betts	Main Street Community Foundation
Ann Burch	Bristol Hospital Homecare and Hospice
Dawn Burke	Bristol Boys and Girls Club
Karen Cables	Bristol Health District
Kimberly Carmelich	Bristol Hospital
Caren Chalfant	Bristol Hospital Homecare and Hospice
Rebecca Colasanto	Bristol Hospital
Karen Cornell	Bristol Hospital
Wendy DeAngelo	Wheeler Clinic
Tricia Erickson	Bristol Hospital
Mary Lynn Gagnon	Bristol Hospital Development Foundation
Harley Graime	City of Bristol Emergency Preparedness
Dr. Richard Guerriere	N/A
Yvette Highsmith-Francis	Community Health Center of Bristol
Liz Hill	United Way
Rev. Kristen Kleiman	The First Congregational Church UCC
Holly Kobayashi	Bristol Housing Authority
John Leone	Bristol Hospital
Dr. Charles Licata	Pro Health Physicians
John Lodovico	Tunxis Community College
Phillip J. Lysiak	St. Vincent Depaul Mission of Bristol, Inc
Elmer Madsen	Bristol Hospital Corporator
Lexie Mangum	NAACP
Dr. Nachiyappan Manoharan	Bristol Hospital
Michelle Martins	BHWC Wheeler Clinic
Eileen McNulty	Youth and Community Service
Dan Micari	Commission for Persons with Disabilities
Guy Morin	BBD
Tom Morrow	BCO
Charles Motes	Bristol Burlington Health District

Michael Nicastro	Coppermine Advisors, LLC
Marie O'Brien	Bristol Hospital Board of Directors
Cara Pavalock	Connecticut House of Representatives
Stephanie Pope	St. Andrew Lutheran
Dr. Margarita Reyes	Bristol Hospital
Kerry Roy	Bristol Hospital
Dr. Bala Shanmugam	Bristol Hospital
Judith Stronger	Wheeler Health & Wellness
AnneMarie Sundgren	City of Bristol
Patricia Tomascak	Bristol Senior Center
Karen Wagner	Health District
Unidentified Recipient	N/A
Unidentified Recipient	N/A

Appendix B. 2013 Implementation Strategy Outcomes

Mental Health and Substance/Alcohol Abuse

The Behavioral Health Team at Bristol Hospital hosted a roundtable discussion in January 2014 with approximately 30 community leaders and stakeholders to discuss the issue of mental health and substance/alcohol abuse and how Bristol Hospital can better serve the community. Also in 2014, Bristol Hospital hosted another meeting with numerous stakeholders to address the growing concern of the lack of response, care and resources, and the difficulties associated with getting hospital patients to the lead mental health authority in the area which is located in New Britain, Conn.

In 2015, Bristol Hospital and Wheeler Clinic reached an agreement to further improve behavioral health crisis services for children, adults and families in the Greater Bristol region. Under the agreement, Wheeler will assume responsibility for Bristol Hospital's Emergency Department Crisis Service from 8 am to midnight, seven days a week, and provide immediate intervention and facilitated connections to community services and resources, including primary and behavioral health care. The Bristol Hospital/Wheeler Clinic partnership continued in 2016 with two community forum on the opioid epidemic in which more than 125 members of the community attended. Bristol Hospital and Wheeler Clinic also hosted two successful Mental Health First Aid presentations. The eight-hour certification course is designed to help individuals better understand mental health challenges and recovery, and to help respond in appropriate ways to provide help and support. Bristol Hospital also hosted a community event with the Connecticut Department of Mental Health and Addiction Services on the subject of Naloxone.

The hospital also hosted a luncheon for community collaboration between local clergy and Bristol Hospital to support the needs of substance addiction in the community. Bristol Hospital also has a Community Care Team that meets bi-weekly to promote community support for frequent behavioral health ED patients with substance abuse and mental illness. In July 2016, Bristol Hospital became the first hospital in the state to begin a Narcan prescription program. In collaboration with local pharmacies, prescriptions for Narcan are given to a family member who is present in the Emergency Center with a loved one who has overdosed from heroin or other opioid.

Access to Care

Since 2013, Bristol Hospital and the Bristol Hospital Multi-Specialty Group have added 74 new medical staff and added 16 new medical offices throughout the community. New service lines have been cultivated to address medical need within the community, including vascular surgery, wound care, rheumatology, cardiology, orthopedics, spine surgery and sports medicine, and neurology.

Senior Support

Bristol Hospital has increased the amount of free screenings offered throughout the community (including the senior center). Free screenings include: blood pressure clinics, balance screenings, blood sugar screening, foot screening and nail clinics. The hospital also provides free educational seminars at senior centers on topics such as dementia, living with diabetes, and nutrition and wellness.

Dr. Margarita Reyes has coordinated a very successful five-session dementia series twice a year in the spring and fall. The sessions are free and are consistently filled to capacity.

Overweight/Obesity

The Bristol Hospital Weight Loss Surgery Program offers numerous support groups for its patients on such subjects as portion control, getting through the holidays and making good eating choices. In 2014, the Weight Loss Surgery program launched its own Facebook page within the Bristol Hospital main Facebook page. This is a members-only page for patients who can share stories, recipes and advice to their fellow patients but in a private setting.

The Bristol Hospital Parent and Child Center has had great success since 2013 in its obesity prevention efforts through its set of Family Wellness Programs. The Family Wellness Program's goal is to prevent childhood obesity by promoting family nutrition and healthy physical activity for low-income families with such programs as "Gardening for Health," and "Cooking Matters in the Store." The Parent and Child Center also offers free Zumba and exercise programs for parents and children. Since 2015, approximately 330 low-income families have participated in these programs.